

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mag</i>		1/29/00
O.I.P.E. CLASSIFIER	<i>fw</i>	32	2/1/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Dm</i>	72223	3-6-00 5/17/00

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	0	0	0
7	0	0	0
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	0	0	0
22	0	0	0
23	✓	✓	✓
24	✓	✓	✓
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27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	0	0	0
39	0	0	0
40	✓	✓	✓
41	✓	✓	✓
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43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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